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	Bingham McCut. Suite 1800 Three Embarcader San Francisco, CA	0		Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.					
8/24/2005 ABECETES: 00000068 502518 10665110					Maritza Kidd // (Depositor's name)				
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12	FC:1504 300.0 FC:8001 3.0	O DA O DA	,		18 /18	105		(Date)	
` 	APPLICATION NO.	The state of the s		FIRST NAMED INV	ZENTOR ATTORNEY DOCKET NO			CONFIRMATION NO.	
	10/665,110	10/665,110 09/16/2003		Robert F. Rioux		202472	8-7030030000	6130	
TITLE OF INVENTION: APPARATUS AND METHODS FOR ASSISTING ABLATION OF TISSUE USING MAGNETIC BEADS									
	APPLN. TYPE	APPLN. TYPE SMALL ENTITY		EE	PUBLICATION FEE	TOTAI	L FEE(S) DUE	DATE DUE	
	nonprovisional NO EXAMINER LACYK, JOHN P		\$1400 ART UNIT 3736		\$300		\$1700	09/02/2005	
					CLASS-SUBCLASS				
					607-099000				
CFR 1.363). CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Tree Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) BOSTON SCIENTIFIC SCIMED, INC. Maple Grove, Minnesota Please check the appropriate assignee category or categories (will not be printed on the patent): 4a. The following fee(s) are enclosed: (A) Issue Fee A check in the amount of the fee(s) is enclosed.									
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